



**FEES TRANSMITTAL  
for FY 2004**

*Effective 01/01/2004. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 880.00)

Complete if Known	
Application Number	09/773,202
Filing Date	January 30, 2001
First Named Inventor	Rahul Khanna
Examiner Name	Justin King
Art Unit	2181
Attorney Docket No.	42390P10727

RECEIVED

**METHOD OF PAYMENT** (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit Account Number	02-2666
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Deposit  
Account  
Name Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to:** (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## **FEE CALCULATION**

## **1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>				
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>	<u>Fee Paid</u>
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## **2. EXTRA CLAIM FEES**

Total Claims		Claims below	Fee Paid
Independent Claims	<input type="text"/>	$\cdot 27^*$ <input type="text"/> X 6 = <input type="text"/>	<input type="text"/> X <input type="text"/> = <input type="text"/>
Multiple Dependent			<input type="text"/> = <input type="text"/>

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

*\*or number previously paid, if greater. For Reissues, see below.*

**SUBMITTED BY**

Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone	(503) 439-8778
Signature				Date	08/27/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450